

**Physician Assistant Committee**

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**CRIMINAL CONVICTION DISCLOSURE RENEWAL FORM**

In order to complete your license renewal for your physician assistant license, please complete the required name, license number and address fields and the bottom section of this renewal form in their entirety.

License Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

First

MI.

Last

Mailing Address: \_\_\_\_\_

**CONVICTIONS** – Since you last renewed your license, have you been convicted of or pled guilty or nolo contendere to any felony, misdemeanor, or other criminal offense under the laws of any state, the United States, or a foreign country, including any conviction which has been dismissed under Section 1203.4 of the Penal Code? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction. Please note disclosure of this information is mandatory pursuant to Section 2684(b), Business and Professions Code.

**\*A. Yes** \_\_\_\_\_

**B. No** \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**C. Signature** \_\_\_\_\_

**D. Date** \_\_\_\_\_

\* If you answered yes to the conviction question, please provide **CERTIFIED TRUE COPIES** of the court and arrest records for each criminal offense to the address above.

Return this letter to the Physician Assistant Committee at the above address as soon as possible. Upon receipt and review of the above information, your renewal application will be processed.